medical missionary

Holy Family Hospital

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The Medical Missionary

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PHILADELPHIA 11, PA.

Volume XXV Number 2

THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, Southern United States.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.

House of Studies—6th & Buchanan Sts., Washington 17, D. C.

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YOUR WILL . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... *for its general purposes."*

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

MEDICAL MISSION SISTERS

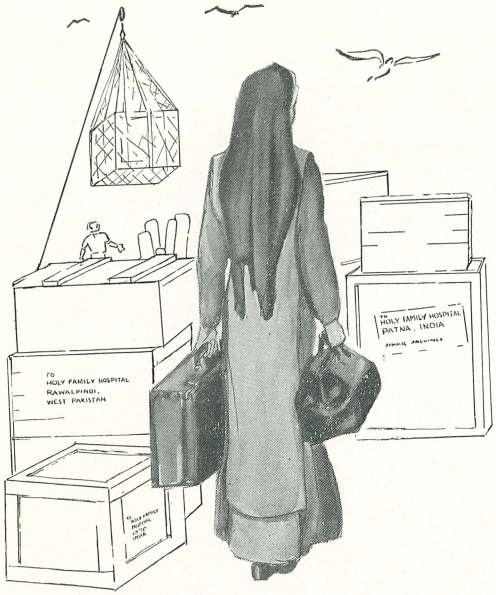
HAVE A THREEFOLD UNIFIED PURPOSE. THEIR NAME CONTAINS IT ALL: RELIGIOUS, MISSIONARY, MEDICAL.

Medical Mission Sisters are above all else Sisters—religious. And because they are religious their purpose is to promote the honor and glory of God by their sanctification through the fulfillment of the three vows of obedience, chastity and poverty.

Medical Mission Sisters are missionaries. The task of the missions is to plant the Church in all countries where it has not yet been established with a view to saving and sanctifying souls. Planting the Church means to make available to the people its priesthood and hierarchy, its works of instruction and mercy, its liturgy and its forms of religious life, and its organized laity. The specific task of the Medical Mission Sisters in this scheme lies within the field of the works of mercy, to care for the sick and suffering in mission lands and as religious, to exemplify the perfect Christian life.

SISTERS

As missionaries, the Medical Mission Sisters must endeavor to know and love the Church, to live with her in her Liturgy, and to labor and suffer for her extension. Dealing with all races and creeds, and keeping in mind



the sublime dignity of man, who is created to the image and likeness of God, Medical Mission Sisters show forth by their daily practice of charity that the Church alone promotes the true brotherhood of man—one Father, one Redeemer, one eternal destiny for all.

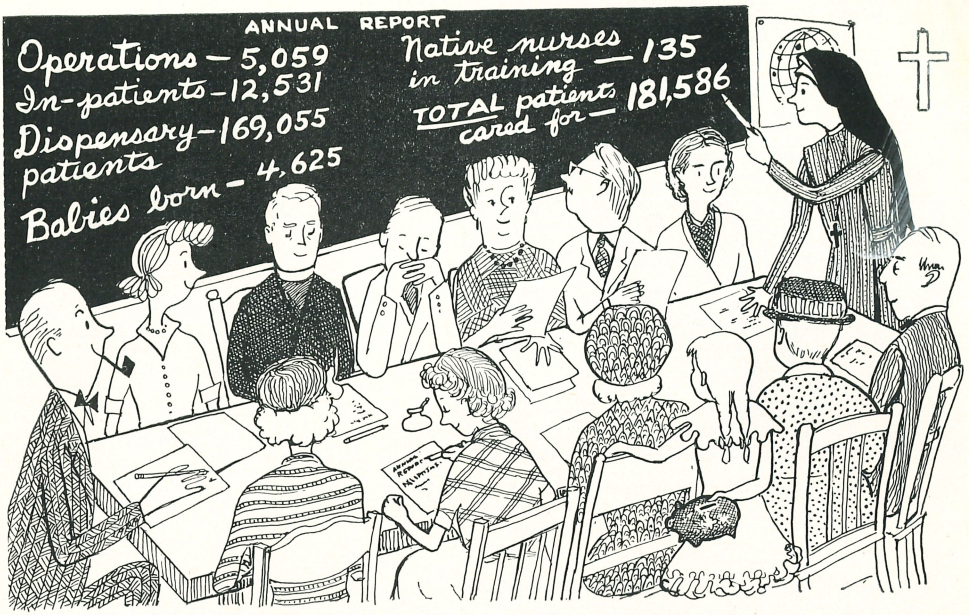
Medical Mission Sisters are medical missionaries. They aim in their work for the sick to help the whole man, his body, mind and soul, and to see in their patients the suffering Christ claiming their love and sympathy. Since love expresses itself in sacrifice, they strive to do whatever is necessary for the patient without counting the cost to themselves. They are guided by the instructions of Pope Pius XI: "Love your sick and care for them with devotion. Look after them *intelligently* and *scientifically*. Treat their ailments in the best possible way. Make efforts truly to serve. Proceeding in this natural order, you will inspire the confidence and trust which prepare the mind for higher and supernatural things. . . The people must never get the idea that conversion and Baptism are necessary to reward your devoted care, your sincere and unselfish Christian charity and zeal. Use all means at your disposal to make them experience in themselves that your religion is truly inspired by self-sacrificing love."

MISSION

MEDICAL

As the medical field demands the collaboration of the different professions dealing with the prevention and alleviation of disease, so also a variety of non-medical activities are necessarily connected with the carrying on of the work of the Society. The Sisters in the Society who do non-medical work equally contribute to the perfection of the whole apostolate. Each Sister is a *Medical* Missionary.

Medical Mission Sisters are women with a purpose and in all things they purpose to glorify God.


ANNUAL REPORT
Operations – 5,059
In-patients – 12,531
Dispensary – 169,055 patients
Babies born – 4,625
Native nurses in training – 135
TOTAL patients cared for – 181,586

JUBILEE ANNUAL REPORT

From our missions in: PAKISTAN: Rawalpindi, Karachi, Mymensingh; INDIA: Patna, Mandar, Mussoorie; INDONESIA: Makassar, Solo (Java); AFRICA: Berekum (Gold Coast); U. S.: Santa Fe, N. M., Atlanta, Georgia.

TO YOU OUR SHAREHOLDERS:

Your investment WAS worthwhile! Here are your dividends, a total of 181,586 patients cared for in 1950. No risk in this investment—this "treasure" of yours is laid up in heaven.

To each and every shareholder-benefactor we are more grateful than words or figures will ever be able to express.

ALMSGIVING

Almsgiving is a kind of art, having its workshop in heaven, and for its teacher not man but God.
Other arts end with this present life; the art of almsgiving will shine out brighter than ever when the world passes away.
It builds houses that will last forever.
It bestows on you treasuries that are never spent, that cannot be stolen, that will not decay.
It makes us like to God Himself.

—St. John Chrysostom

PATNA'S MODERN NURSES

Sr. M. Adelaide, S.C.M.M.

52 of our student nurses
Sr. M. Cyril, Superintendent of Nurses

"Modern hospitals have elevators to take patients, nurses and visitors from one floor to another," continued Sister. The young Nepali girls' dark eyes opened wider trying to visualize what was being explained. At home among mountains towering seven thousand feet, she had never seen a twenty story building. "And you, Sister, you,"—she stammered, "you have been in one of those buildings!" Sister nodded, and fifty per cent of the class sat in silent amazement. To these probationers, nurses-to-be, a new world was beginning to open.

Some months after this classroom scene the nurses' capping ceremony took place. The girls had discarded the sari and wore the nurse's uniform with a crisp white cap. Each was presented with a lighted candle which was placed in front of the statue of Our Lady, their model as the nurse of the Christ Child. Then by the recital of the Nurse's Pledge they bound themselves to serve the sick, and to follow the example of the "Lady of the Lamp" who made of nursing a profession. To the casual observer the simple ceremony meant little. In view of the following facts it means much.

Recently a questionnaire was sent out by the Catholic Hospital Association of India to ascertain exactly how many Catholic hospitals have accredited training schools for nurses. The answer will startle you. In India (exclusive of Pakistan and Goa, in each of which is one such hospital) there are only five recognized Catholic hospitals with schools of nursing attached. Of these, one does not engage in maternity work, another does not admit male patients. There remain three Catholic general hospitals which give a complete three year nursing course. And two of these hospitals are in PATNA MISSION.

Holy Family Hospital in Patna City, has 52 student nurses and can admit no more because of lack of space. Nazareth Hospital in Mokameh, is just beginning to open its doors to students. All of these hospitals are fully accredited, have Grade A rating, and their graduates must pass the examination given by the province, and be registered. Both of the hospitals have attained this standing despite tremendous odds. Insufficient and poor equipment, shortage of personnel and lack of funds all add to the burden of trying to give the best

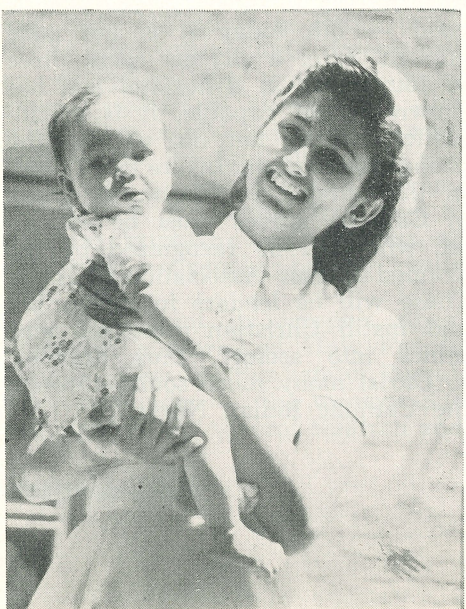
of care to the patients, and at the same time train efficient nurses.

From all over India come applications to these schools of nursing; from the Punjab and Travancore, from Bombay and Calcutta. The students are a cosmopolitan group where Indian girls live side by side with their fellow countrywomen; who speak a different language, dress in a strange style, eat different food, in fact have nothing in common but the desire to become a nurse. In the beginning it is sometimes difficult for those who have been used to class segregation in school to adjust. However, this is the first lesson that the nurse must learn —to disregard race, caste and creed.

Of course these young people have a bit of rough going. To have been admitted to the school presupposes a certain degree of education, but that education may have been in Malayali or Bengali, in Hindi or Urdu, or any one of the numerous languages of the country. To bring all these together in an English or a Hindi class and teach anatomy and physiology, nursing arts and hygiene, materia medica and dietetics, and related subjects, requires time and patience on the part of the teacher and pupil. Then, too, life in the hospital is quite different from the life of the average

Indian girl. Eight hours a day of study and work, in classroom and hospital, is the schedule. The climate with its intense heat, the monsoon when they wade from one building to another, or the cold season when they shiver on night duty with no means of warming themselves does not make things easier. But these are trifles compared to the constant demands of the patients—so many acutely ill, some dying.

The nurse who keeps up with her studies and shows herself conscientious in the work goes up for the preliminary examination at the end of the first year of training. With no standard syllabus for a guide, it is sometimes a puzzle what is most important to teach so that the examination will be passed. American trained teachers, English textbooks, and Indian medical methods can cover a vast field. When the student is asked at the examination to demonstrate a blanket bath, the teacher does not know whether to be amused or provoked, but can predict that probably never will the Indian nurse be called upon to inflict such torture in a climate which provides its own steam baths. Then there are some medieval practices not entirely discarded in India. It is best for the nurse to know the theory of applying leeches for bleeding patients, but the teacher prays that she will never



have to use this knowledge.

The work of the nurse in India is interesting, but the responsibility is great. Here there are no interns, few doctors, so most of the treatments must of necessity be given by the nurse. It is absolutely necessary that she learn to obey orders, use good judgement, and adapt herself to various situations. For the Indian girl who has never had responsibility, who has never been under discipline, this is difficult. Again, the nurse cannot always put into practice exactly what she is taught. Indian patients have something to say in the matter. To keep the patient in bed the day after the operation when that patient would much prefer to squat outside on the verandah, requires no little tact. How to get protein into a very ill person who is an orthodox Hindu can be quite a problem. The relatives may be broadminded enough to consider eggs as medicine, but the patient may not—like the old Hindu lady who emphatically announced to the doctor and her son that she would rather die than "Eat any egg from any chicken." In that particular case everything had been going along fine until the innocent bearer of her tea tray introduced her to the secret ingredients of the milk.

Having completed the three year course, the student is eligible for the final nursing examination. Practically every nurse who has gone this far is anxious to remain in the hospital for another year and take midwifery. After the examination she can be registered as a Nurse-Midwife. During the past year several Catholic nurses, graduates of other hospitals, have come to Patna to take this course.

Would that these few pages on the Catholic nursing situation in India might provide fuel for a fire which would enflame the benefactors of Patna Mission to offer their assistance, many religious to volunteer their services, and many young Indian women to enter the nursing field. The dispensaries, the clinic, the leper asylums, the tuberculosis sanitariums, maternity homes and even the Government hospitals under the supervision of Catholic Sisters are giving wonderful care to the sick and leading many souls heavenward, but looking toward the future this work, in a sense, is sterile. It is limited to what each individual can accomplish herself. By experience the missionary knows that he must first ease physical distress before he can gain a soul. And there will never be enough missionaries to care for and help cure India's ills. The Indians themselves must be taught to do this work—both religious and lay people, some young men, but mostly young women. Education in India is being encouraged but the opportunities open to Indian girls outside of marriage or until marriage are extremely limited. With the exception of a few Catholic colleges and teachers' training schools, there is little scope for the use of their talents. The nursing profession can lead into many fields of service.

But before this can be encouraged, more accredited Catholic schools of nursing must be opened. The training of dais (native midwives) to go out into the villages, the training of practical nurses to care for the sick is good — but today it is not good enough. After a girl has spent three or four years in a hospital and has shown herself capable, it is an injustice to send her out without the proper registration. Insure her a place in the nursing profession. A group of Catholic nurses must be educated, who will be recognized by the Trained Nurses Association of India. These will be leaders in Indian life and instill Christian principles and ethics into society, thus drawing to Christ many more souls—through the Catholic Indian Nurse.

MY SON - - JOSEPH

Sr. M. Leonie, M.D.

Joseph's smile reaches from ear to ear.

Laying a basket carefully on the floor and brushing aside the top layer of rags, a poor Hindu woman lifted out a tiny, shriveled bundle of humanity. She had found the basket on her door step and brought it to us. This was our first meeting with "Joseph."

What a picture of misery he was. His little face was covered with wrinkles as if his skin was too big for him and he seemed all eyes and mouth. Right then and there we began a battle for his life! First, with his digestion—how to get pure cow's milk and the right dilution that he needed. Then the warm season came. In May and June almost every child and many an adult in Patna is afflicted with furunculosis. Joseph was no exception. He would whimper when I opened an abscess, but after it was all over, give me a large, sweet smile. From the first, that smile was —and still is—Joseph's most redeeming feature. It reaches from ear to ear and brightens and enlivens an otherwise extremely homely, little face.

At this point in Joseph's story, Magdalen appeared at Holy Family Hospital. She was the wife of Pascal, the compounder—a fine woman. She had already lost several children and she wanted to make sure the child she was soon to bring into the world, would be safe. She stayed with us, helping with the babies in the nursery and on the side, receiving instruction on how to keep babies clean and healthy. In her spare time she did beautiful embroidery and very nice sewing, too, but never anything for the little one-to-come. It is a superstition with the people that this brings bad luck—and old superstition dies hard!

We saved Magdalen's "Joseph" several times before his final arrival. But when the day came, what joy there was! Pascal came and Joseph was solemnly baptised. He was a fine, big baby with a lusty cry and it was a happy trio that left HFH a few days later.

Five months passed with no word from Pascal's family, until one sultry morning, a distressed Magdalen with a very sick baby in her arms returned to the hospital. We did all we could but the next afternoon the fever began to rise and Joseph had little convulsions. Within a few hours, Joseph went. He had made himself a place in our hearts and it was not without a pang that we saw him go.

(Continued on Page 133)

WHY DON'T THEY DIE?

Sr. M. Elise, M.D.

There is one question which anyone who visits the tropics for the first time may well put to himself: How is it that anyone survives in this place? All around him he will see the rules of hygiene and sanitation violated. Open drains along the roads, swarms of flies hovering over the food-stuffs on the stalls, cases of leprosy, smallpox, open sores, eye infections, perambulating openly in the city streets; soil pollution going on everywhere, rivers and ponds used for drinking water supply; all this happening year after year. Surely if the germ theory is correct, everyone should have been dead long ago.

The answer is contained in one word: immunity. Our bodies possess the power of defending themselves against noxious agents so adequately, that in most attacks we never succumb at all. This immunity is not absolute. An overwhelming dose of bacteria may crash through this barrier and threaten the patient's life. But in the ordinary daily battle with the germs which surround us, the remarkable defense mechanism known as "acquired immunity" keeps us healthy, most of the time.

This immunity is specific for each disease. It varies considerably. Some diseases convey an almost life-long protection, such as typhoid and smallpox. In others the immunity is short-lived, as in cholera and influenza. It is not necessary to have a severe attack, for even a mild, quite unnoticed form of infection will enable our bodies to form their antidotes against the poison. That is the underlying principle of vaccinations and immunizations. In smallpox vaccination a harmless poison, cow-pox, is used. In typhoid injections dead bacilli do the trick. In diphtheria immunization no germs at all are used, but only the modified toxin.

Those who have lived in the tropics all their lives have usually had a chance to manufacture their own immunity. Consider what happens in Patna, year after year. As soon as the rains start, cholera appears. Apparently the rain water washes the germs out of the roads and drains into the rivers and ponds from which the people draw their drinking water. The city supplies clean water, but Ganges water is holy, so it still gets the preference from many orthodox Hindus. So one day Ram Babu comes home after a dip and sip in the Ganges, and a few hours later he begins to purge and vomit. At first he goes out into the little yard behind the house, but pretty soon he feels too weak to move, and from then on the mud floor of his bedroom will absorb the excreta. His wife solicitously wipes his face with her sari and gives him a drink out of the family "lotah" (metal pitcher). The water comes

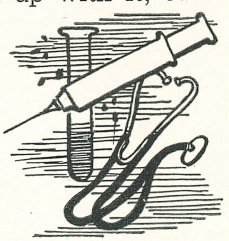
back up as fast as it went down, most of it on her clothes. She then picks up the crying toddler who wants his feed, and with those same hands dries his eyes and gives him his desire. Very likely she knows no more about germs than the baby does.

Meanwhile the older boy has gone to fetch his uncle, and after some parley Ram Babu is hoisted onto a tom-tom and taken off to the Holy Family Hospital. Surely, you will say, everyone of that family, including the helpful tom-tom wallah who got a dose of the ejections on the way, will be down with cholera next. But it is quite possible that nothing more happens. Ram Babu gets his saline injections and is sitting up smiling the next day. Perhaps the wife had cholera last year, even if so mildly that she hardly noticed it, and her immune bodies are still present. The baby may have some protection left over from his mother's supply to him during her pregnancy. There are other factors which affect the spread of this disease, such as the state of the stomach at the time the bacteria are ingested, a day or two of hot sunshine which will kill the cholera bacilli in short order, etc. All this makes the epidemiology of cholera quite complicated, and the occurrence of the disease apparently quite erratic.

When a severe epidemic occurs, the people begin to see the link between cause and effect, and become frightened. Then it is easier to get them to take the cholera injections, to disinfect the wells, to cook the food and boil the drinking water. But between such bouts, even though sporadic cases occur the year through and never a rainy season goes by without its mild epidemic, yet people forget. Enough immunity is built up to give them a certain amount of protection, and the disease appears to them to strike merely at random. Bad luck, the wrath of the gods, punishment for evil done, or just the fatalistic 'kismet,' all are easier to understand and accept than the laws of hygiene and sanitation and the need for keeping them.

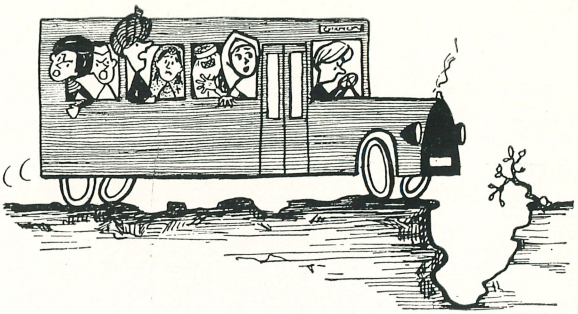
The complete change-over in the age old customs and traditions of India which alone would rule out cholera for good, cannot be made overnight. The menfolk may read in their papers and books that human excreta should never be left exposed, that drinking water should be safe from contamination and that sick people should be isolated. But it is the womenfolk who rule the household, and they do not read. Education in such matters filters through slowly.

There is no need for us to feel superior. Fifty years ago Philadelphia was a hotbed of typhoid and typhus, and a hundred years ago cholera occurred in regular waves. An enormous and densely populated country like India cannot put theory into practice in a few years. Many other factors are bound up with it, education, standards of living, political changes, etc. India is learning, steadily and painfully. There is no other way.



Even in our small hospital we see this battle going on, day by day, and take part in its innumerable petty skirmishes. How the nurses work to get a dehati (hillbilly) mother to keep her child clean to ward off flies and mosquitoes with nets and sprays, to cover up food and clean up messes. Only through such individual teaching, slow and tedious though it may be, can the situation be altered. That is why a Christian hospital is of such importance in the work of the missions. No other institution has such close and frequent contact with the poor and illiterate women. To guide them into the right channels, by prayer, work and sacrifice, is both yours and our work, and privilege.

Rapid Transit to Ranikhong



Sr. M. Louise, R.N.

It's just the ordinary route to the Garo Hills traversed by many missionaries who come down to Mymensingh periodically for their necessary supplies. But for the stranger, the trip is a harrowing experience! Not less true was this when, one day, Sister Xavier, an Indian Sister, and I set out for Ranikhong.

Directions did not sound too complicated with only one change from the train to a bus. The train ride which accounted for two-thirds of the way rather assured us of a comfortable journey. We got off at Jaria, took our light luggage and followed the crowd to the spot where we were to meet the bus—not as close to the railroad station, as we had expected.

After walking about a half mile we came to a river with obviously no bridge spanning its hundred yards of muddy water. Instead, what looked like a small barge was being directed across the river towards us by means of a huge paddle attached to one end. All the passengers were standing. This proved to be the one and only ferry for anything from humans to animals, to supplies, to even—jeeps, as we later learned. We recognized one of the passengers who alighted safely on land, as the Baptist minister from Mymensingh. In order to find our standing room on the flat boat for the trip across, we hurried our steps only catching a few words of the Minister's remark about the bus ride ahead of us—"It inspires devotion to prayer!"

The ferry reached the other side in about ten minutes. Here we paid our six pice (a penny). From there we walked through the streets of a small town and found our bus waiting for the approaching mob. These latter seemed to outnumber the seats but surprisingly enough, no one was left behind. Sister and I were ushered to the front seats which were really not seats at all but stuffed army bags —a minor discomfort.

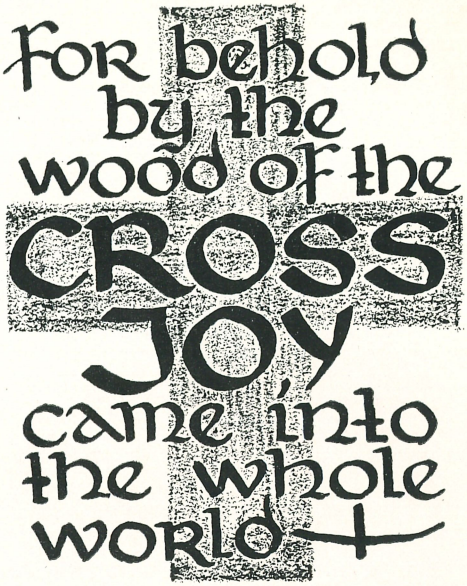
What loomed ahead of us on our course was a road in process of construction with a ten foot levee down the center. As the bus climbed on to this little mound of newly piled earth, the last shadow of hope for some kind of a detour, vanished. We began at once to rock and bounce like a ship on a stormy sea. This was to last a stretch of eight miles! Sitting at a vantage point, we could see the road construction in process. Apparently with no management the coolies were dumping their basket loads of earth on whichever side of road there happened to be a digging brigade. The rickety bus approaching these mounds would suddenly be thrown at an alarming angle. It was at one of these angles that I saw the ten foot drop facing me—I was occupying the space where a door should have been! I uttered a fervent prayer, then remembered the Baptist Min-

ister's brief remark and decided this is what he must have meant. Prayer and the law of gravity were working together. The huge bulk righted itself and we could hear a sigh of relief from the rear occupants.

After an hour's ride, we had made about a mile headway. A plan was already fixed in my mind to walk the rest of the way and it wasn't long before there was no other alternative. We stuck to the ship as long as we could so as not to create panic among the passengers, — but asked to take the danger spots on foot.

An elevation on the approach to a bridge proved too much of a strain for the already laboring motor. Gallantly, we all alighted and the reduced weight enabled the bus to make it safely across the wooden structure. Undaunted the four wheels started moving ahead, until they met a different design. This time it was a gap, deep enough to make the driver hesitate a crossing—the attempt proving unsuccessful, as we saw from the sidelines. In making the descent the front wheels were soon buried in the loose dirt with a complete snuffing out of the motor.

As we could offer no assistance, we rescued our bags from the crippled transport and were off into the scorching midday heat on our seven-mile trek. The light baggage soon became amazingly burdensome. However, Providence would have it otherwise than that we should faint away along the roadside. Two farmers came along offering to be our porters and guides. The stretch ahead looked more like desert with its dry, sandy fields and the blazing sun overhead. One of the farmers offered his umbrella that looked like a patchwork quilt but for which we were very grateful just the same. Wishing to keep our bags within view, we traveled at a good pace behind our two friends, reaching our destination in about three hours—exhausted!



MAY THEY REST IN PEACE

His Eminence, Francesco Cardinal Marchetti-Selvaggiani, Vatican City, Italy.
Rev. William Bolger, C.S.C., Notre Dame, Ind.
Rev. George Sauvage, C.S.C., Notre Dame, Ind.
Rev. Brother Eugene, C.S.C., Notre Dame, Ind.
Sr. M. Immaculate, O.S.B., St. Cloud, Minn.
Sr. M. Perpetua Fitzharris, S.S.J., Baden, Pa.
Sr. St. Barbara Gillie, Grey Nun of the Sacred Heart, Melrose Park, Pa.
Sr. M. Marcella Kennedy, S.S.J., Baden, Pa.
Sr. Mary Frances of Our Lady of the Most Blessed Sacrament, Cleveland, Ohio
Sr. Helen Jarrell, R.H. St. J., Chicago, Ill.
Mother Mary Magdalena Volz, R.S.C.J. Eden Hall, Philadelphia, Pa.
Mother Olive Haggerty, R.S.C.J., Overbrook, Phila., Pa.
Mr. Albert Brullman, Brooklyn, N. Y., (Father of Sr. M. Alexis, S.C.M.M.)
Mrs. Mary Costello, Cleveland, Ohio (Mother of Sr. M. Colette, S.C.M.M.)
Mr. Henricus Houtman, Rotterdam, The Netherlands (Father of Sr. M. Dennis, S.C.M.M.)
Mr. Patrick McInerney, So. Ozone, L.I., N. Y. (Father of Sr. M. Angelica, S.C.M.M.)
Mr. Dennis D. O'Keefe, Chicago, Ill. Ky. (Father of Sr. M. Declan, S.C.M.M.)
Mr. Raymond H. Ruttle, S. Fort Mitchell,

Catholic Education in Japan

John Blewett, S.J.

The total number of students in the United States, if scaled against the similar total for Japan, is about 100 times as large. American Catholics outnumber Japanese Catholics by about 200 to 1.

In 1949 slightly more than 34,000 students on the elementary, secondary, and college level were being educated in Catholic schools in Japan. Two-thirds of that number were non-Christian, one-sixth Catholic, one-sixth catechumens. When the Pope, then, directs us to center our prayers this month on Catholic education in Japan, he is surely asking us to pray for the spiritual development of these 34,000 students in Catholic schools.

He is asking us also to call down God's grace on their teachers, more than 2200 in all. As over one-third of these teachers are pagan, it is obvious that they, more than the 530 religious and 900 lay Catholic or catechumen teachers, are in need of our penance and prayers.

Surely, our Holy Father wants us to include also all those who are only indirectly touched by Catholic education, the parents, brothers and sisters, relatives and friends of the large handful attending Catholic schools. Perhaps no institution in Japan accounts indirectly for more conversions than the school.

The old notion of many people that the people of a mission country live in caves and file their teeth has given way in recent years to a more intelligent understanding. Still, we Westerners remain somewhat smug in our assumption that education on all levels is distinctive of our countries. Even an overnight visit to Japan would be long enough to dispel this erroneous belief.

It is probably safe to say that nowhere in the world is education esteemed more highly than in Japan. Six years of grade school and three of junior high are obligatory. Since a college diploma is the key to at least a white-collar job, parents will save for years to put their children through high-school and college.

With the post-war repudiation of militarism and its ideals, the Japanese took over democracy in all its nebulousness as the new ideal to which the loyalties of the rising generation could be anchored. This new ideal—democracy—must be explained in the school. Hence, the more than ordinary power of the school for good or evil today.

Closely connected with this matter

is the question of moral training. Since the turn of the century practically, the task of teaching morality has been entrusted to the schools. The pre-war textbooks were little more than a commentary on, and expansion of, the supreme commandment of Japanese morality: in all things seek the good of the Emperor. The end of the war spelled the end of this nationalistic code of morality.

During the last five years educators have been rowing in a choppy sea in their efforts to find a new basis for their teaching of the "do's" and "don't." Quite commonly they have settled on one of the many versions of the Golden Rule. "Do unto others what the demands of society require" is one twist which has received a very favorable hearing. Insufficient though this type of norm may be from a Catholic viewpoint, perhaps nothing better can be expected.

Catholic schools in such an educational milieu frequently are like lighthouses for public school teachers in neighboring schools. Noticing the decorum and self-control of boys and girls trained in Catholic schools, such teachers frequently turn for guidance on matters of morality to Catholic educators. In this way good-will and understanding are developed; frequently, teacher conversions result. This leavening influence of the 147 Catholic schools throughout Japan is probably more important than the actual work in the classroom, for it extends to thousands who otherwise might be quite hostile to Catholicism.

Finally, the Church's iron stand against Communism has roused the respect of all who know what Communism is. In and through Catholic schools a way of life is proposed, so alien to the excesses of Communism, that parents are frequently led to look on the Catholic school in their neighborhood as the bulwark of real freedom.

That Catholic schools in Japan may increase in number and power for good—this too the Holy Father recommends to our prayers this month.

MY SON—JOSEPH **(continued from page 127)**

Poor Magdalen was crushed and could not stop mourning her lost son. When it seemed opportune, Sister suggested to her that she take "our Joseph" in place of her son. But Magdalen was still too grieved to think of such a thing.

However, about two months later, a letter came from Pascal. If we still had "our Joseph," he and Magdalen would like to adopt him. On the appointed day we dressed up Joseph in his best Sunday suit and Pascal came for him. As soon as his new father came near, Joseph held out his two little hands and gave his brightest smile—from ear to ear, as always.

As Pascal was walking out the gate, holding Joseph securely in his arms, someone called to him and asked who the child was. Proudly, with a warm light in his eyes, Pascal replied, "He is Joseph—my son."

"One of the primary purposes of the missions is to build not 'one world' but rather one humanity. One world is a political and economic creation. One humanity is a Divine creation."

MSGR. FULTON J. SHEEN

MEET THE PEOPLE

John Brennan, S.J.

The Hindu

India is an enigma to the western world. For three hundred years the British sat in the high places of the government, and at last departed willingly — and puzzled. The war brought American troops, who joked in friendly fashion with peddlers and coolies, and left—as puzzled as the British.

The root of that enigma is Hinduism, the religion of these three hundred million people. Until one understands the nature of that spiritual force, one cannot weave a pattern in the everyday life of the people; much less can he appreciate the attitudes and the ideas of the folk themselves.

Yet, Hinduism is not such a thing that all who run may read. It is not a fixed body of doctrines; it cannot be formulated into a creed; it has no demonstrable historical foundations; it is one in its philosophical science, and quite another in its devotional practice. It is in itself an enigma.

The western world chops life up into chunks and stuffs them into neat compartments labelled work, family life, recreation, politics, education, religion, and so on. That is anything but the Catholic view which pervaded Europe in the Ages of Faith. Hinduism, at least, is akin to Catholicism in seeing life as a whole and not as segments of experience. But because its premises are those discovered by fallible human reason, and therefore liable to error, many natural truths are mingled with falsehoods in the context of Hinduism, and the result is a pattern of life startling and incomprehensible to western minds.

Why Hindus worship such seemingly fantastic gods, *why* they marry so young, *why* they have such reverence for the Ganges river, *why* the caste system, *why* they cremate their dead, *why* men mark their foreheads with paint and grow a lock of hair at the crown, *why* the cow is sacred, *why* beggars abound and 'holy men' go naked, and a thousand other *whys,* are answered only by an understanding of this most ancient and intricate religion.

India in our day shows promise of becoming an important world power. Many of her leaders, like Pandit Nehru, have been educated in the West and are anxious to give India what is good of western science and culture and to protect their motherland against the evils of crass materialism. To bridge the gulf, the West must try to understand India, and appreciate the good qualities of her heritage and her people. It is to help in that understanding that I hope to reduce the enigma of India to terms you might comprehend.

* * *

Who, precisely, is a Hindu? I have been in India for about twenty-one

years, so I have ideas of my own on this question. To get, however, authoritative answers I met with a group in a publisher's office and put the question to them: "Gentlemen, since your country and mine, the United States, are establishing relations cultural, I'd like to enlighten them on Hinduism. You are all Hindus, are you not? Would you tell me what makes a Hindu?"

One of the gentlemen was the editor of a boys' monthly magazine, another a professor of engineering at Patna University, the third an organizer of a well-known Hindu Youth Movement. I invited the editor to speak first.

"First of all, you must know, Father, that the correct name for us Hindus is Aryans. When Alexander with his Greek army invaded this country, he called the people he found along the banks of the Indus river 'Indoos,' or 'Hindoos.' So, really, a Hindu is any inhabitant of this country and one of our own race."

"I see. That would seem to tally with a resolution taken in the convention of the Hindu Mahasabba a few days ago. (The "Hindu Great Assembly" is a politico-religious organization opposed to the Congress Party and now in disfavour since one of its members assassinated Gandhi). The motion read like this: 'Resolved: that the word Hindu be used as applying to all those born in India and of Indian extraction.' That resolution surprised me," I went on, "for it would cover both Moslems and Christians."

"Pardon me, Father," corrected the Youth Leader, "but the resolution was to the effect that anyone of Indian race, not professing any belief incompatible with our Aryan Religion, is a Hindu."

"And is belief in Christ incompatible with that Aryan religion?"

"It is not," interposed Mr. Editor, "for we have a Hindu society in Calcutta with a large following all over India which professes belief in Christ as well as in Krishna, Buddha, Rama, and other gods."

"And there are Hindus who claim that their religion is capable of holding within its ample bosom all creeds," I persisted. "According to them a Hindu may be an atheist or a theist, a believer in one God or many thousands of gods. Am I right?"

"Right. That's modern Hinduism," chimed in the professor.

"And *you* are all moderns, I suppose?" said I. They were. All were of the Brahmin caste, too. "Now, gentlemen, you know as well as I that either there is a God, or there isn't. So, too, if there is only one God, there cannot be many gods. Do you see that these opposite statements cannot both be right? It seems clear to me that any religion which would teach such contradictory statements would be unworthy of the name of religion."

"You're right," said two of the listeners-in, who thereupon walked out.

The Brahmin priest then spoke up with an explanation of why it is that Hindus do have such a diversity of beliefs. He said that it was due to the degrees of understanding in different men; each understands in his own fashion according to the light within him. Only the most intellectual, or spiritually purified, rise to the knowledge of the one all-pervading Supreme Being, a small part of whom is in each of us.

"But, then, why don't the intellectuals teach the less gifted?"

I trust that from the above discussion one point is clear: that a Hindu may be an atheist or a theist, monotheist or pantheist, an agnostic, a materialist, or an ardent seeker after God. He may believe in Christ, even in His Divinity, but not in His exclusive claim to be the only way of salvation. Hinduism is a social system native to India excluding any

belief which does not admit its extreme latitude.

The conversation then turned to the Hindu concept of God's nature and our relation to Him. But that I will recount in another article.

First Vows and Congratulations

THOSE WHO MADE FIRST VOWS

February 11th

Sister M. Kevin O'Connor, Providence, R. I.
Sister M. Celeste DiGiorgio, Philadelphia, Pa.
Sister M. Declan Ruttle, Covington, Ky.
Sister M. Cosmas Pallitto, Atlantic City, N. J.
Sister M. Teresita Hinnegan, Philadelphia, Pa.
Sister M. Leonard Harmon, Catonsville, Md.
Sister M. Matthias Zimmerman, Fort Loramie, Ohio
Sister M. Lawrence McKenna, Teaneck, N. J.
Sister M. Fernande Pelletier, Fort Kent, Maine

FINAL VOWS

Sister M. Adelaide Orem, Baltimore, Md.
Sister Mary John Zweber, New Leipzig, N. Dak.
Sister M. Boniface Lischwe, Brinktown, Mo.

THOSE WHO RENEWED THEIR VOWS

Sister M. Marcella DuBrul, Cincinnati, Ohio
Sister M. Judith Kroska, Faribault, Minn.
Sister M. Edward Reese, Philadelphia, Pa.
Sister M. Gabriel Jollett, Elizabeth, N. J.
Sister M. Richard Lynch, Baltimore, Md.
Sister M. Charles Salz, Dubuque, Iowa
Sister M. Carmel Petonyak, Westport, Pa.
Sister M. Theodore Spaeth, Cincinnati, Ohio

THOSE WHO RECEIVED THE HABIT

Sister M. Aiden Malseed, Philadelphia, Pa.
Sister M. Louis Schmid, Philadelphia, Pa.
Sister M. Fabian Harmer, Philadelphia, Pa.
Sister Marianna Cauzillo, Detroit, Mich.
Sister M. de Britto Mandt, Detroit, Mich.
Sister M. Martina Schaefer, Queens Village, N. Y.
Sister M. Bonaventure Beck, Brooklyn, N.Y.
Sister M. Antonia Mackin, Yonkers, N. Y.
Sister M. Jacqueline Mitchell, Cincinnati, Ohio
Sister M. Madeline Frankovsky, Newark, N. J.
Sister Marie Goretti Campbell, Liverpool, England
Sister M. Rupert Amon, Munchen, Germany
Sister M. Angela Sullivan, Springfield, Mass.
Sister M. Bertrand Wing, Rochester, N. Y.
Sister M. Blaise Gates, North Collins, N. Y.
Sister Marguerite Bourgeoys Garceau, Trois-Rivieres, Canada
Sister M. Josefa Shimek, New Britain, Conn.
Sister Marie Vianney Carlin, Rochester, N.Y.
Sister M. Maurice Pomes, New Orleans, La.
Sister M. Gerald Clarkson, Toronto, Canada
Sister M. Juanita Ortega, Santa Fe, New Mex.
Sister M. Ladislaus Schreiner, Cleveland, Ohio
Sister M. Brendan McElhiney, Nashville, Tenn.
Sister M. Scholastica Los Banos, Legaspi City, P. I.
Sister M. Perpetua de Guzman, Pangasinan, P. I.

medical mission Chits

Clothes Make the Man

One morning returning to the wards I found a crowd of people—patients and relatives, gathered there. There were three slips of admission on the desk. Picking up one, I called, "Miriam?" A young woman, with a green shawl around her head and shoulders, and her husband pushed forward. As usual the husband started to answer all the questions. I was writing down the patient's name and age when I happened to look up at her . . . She didn't look the same . . . In fact her features were suddenly quite masculine . . . even her clothes except the green shawl. "Are you *sure* this is your wife?" I asked the husband.

"Of course, she is my wife," said he.

"How can that be possible when *she* is a man?" I inquired.

Surprised, he turned around to the person in the green shawl. "Where is my wife?" he demanded. "*She* was here a minute ago."

She was soon found back near the wall away from the crowd. Later, I admitted Abdul who also wore a green shawl.

Sister M. Stephen, Mandar

"Heartsight of a Child"

Little Paul King, who comes to the Clinic, ran in the other day with a new make-believe camera. Giving me only a quick greeting, his tiny legs hurried past and started up the stairs to the chapel. I followed and was just in time to see him scurry down the aisle, coming to a full stop right in front of the tabernacle. Holding his new camera up to his eye, (to snap a picture,) he paused and then whispered distinctly, "Ready, Jesus?"—and with that, clicked the shutter! It reminded me of . . .

"And they who keep the heartsight of a child,
Whose eyes are unconcealed
Whose purposes are clear as sunlight
Falling to the crested wave
They shall see the face of God!"
(Rev. John W. Lynch)

—Sister M. Gemma, Atlanta, Ga.

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"Is this what they mean by Open House?"

Dear St. Joseph:

The Sisters are counting the days until we can hold "Open House" in our new Chapel building and I do hate to put a damper on their spirits. The truth is, the building is still far too "open" to even begin thinking of "Open House." Why, the radiators, pipes, wiring, etc., aren't even in yet (or incidentally, paid for) much less the furnishings! And really, St. Joseph, when I think of the monthly bill—$20,000—and the number of months the men have been working, it comes to an almost frightening sum.

Please couldn't you invite YOUR FRIENDS to "close" this "Open House" of ours SOON? NOW would be better. Post haste-ily yours,

MOTHER ANNA DENGEL, M.D.

Are You a Friend of St. Joseph?

Dear Mother Dengel, here is my contribution $_____ towards your new chapel.

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